SATURDAY, NOVEMBER 9, 1872.

ORIGINAL LECTURES.

CLINICAL LECTURE
ON CERTAIN PAINFUL AFFECTIONS OF THE FEET.

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IT is one of the advantages of the custom of lecturing clinically upon groups of cases, that it enables the teacher to bring these into relations for which the more precise method of an essay would be unsuitable. What I am about to say will so fully illustrate my meaning, that I need not pause here to explain myself much more at large. It is often a good and practical mode of teaching which, viewing a collection of cases united in appearance by some common and prominent feature, finally traces this to its various causes, and points out how diverse are the ways in which disease has been acting in the several instances presented.

Those who have followed my clinics with care must have noticed, now and then, cases which were chiefly conspicuous on account of pain in some part of the foot, or in both feet. This, at all events, was what brought them before us; and very often pain, and pain alone, was the marked and dominant symptom. Most happily the cases to which I am now referring are rare; but, besides being rare, they are also difficult to relieve, and yet more difficult to cure.

The patient who is now before us has brought the whole subject anew to my memory, and it may be worth while to use his case as a starting-point from which to study some of the less common forms of pedal pain.

This I shall the more willingly do, because one class at least of foot-pains has not been treated of in the books, and when it first came before me, was altogether a novel malady, so far at least as my experience or my book-knowledge was concerned.

You will now and then meet with persons whose feet are too flat, and who, when walking far, feel a certain amount of aching, and a sense of excessive local fatigue. Something can be done for such sufferers by the aid of proper shoes and equable support to the sole; but the natural difficulty is in itself altogether incurable.

The lad who is here to-day offers also an example of severe pain, which in him accompanies almost every effort at locomotion. He is a robust, well-formed person, in a condition of body which appears to be exceptionally good.

After a youthful life of entirely good health, he engaged in a business which kept him much on his feet and caused him also at times great fatigue. After some months, each occasion of extreme overwork resulted in paroxysms of pain, which were at first limited to the right sole, but soon extended to the left. Somewhat later it was also felt in the front of the right leg. For a long while rest relieved him, but there came a time when the attacks of pain grew more and more protracted, so that much greater periods of repose were needed to secure complete ease. When, after some years of torment, this man entered the hospital, we found that it was only in the morning that he was clear of pain, and that he had slight spasmodic shortening of the tibialis anticus, the peroneus longus, and the gastrocnemius muscles, which under ether relaxed completely.

After a good deal of doubt and some differences of sentiment in our consultations, Dr. Goodman divided the tendons of these three muscles in both legs, and put the feet at rest in properly constructed apparatus. Great relief followed, and it is said to have been permanent. After a time there was still some annoyance in walking, but it was very much less than before. The pain seems to have been due to the steady strain at the points of insertion of the muscles implicated, a strain of course increased by the varying positions which the feet assumed during exertion.

A few months since, a similar case occurred in the practice of Dr. Goodman, in the person of a young woman, J. M., aged twenty-two; single and in good general health, but rather anæmic in appearance. When sixteen years old, she began to have pain after exercise in the left leg and foot, and the pain was accompanied by violent contraction of the peroneus longus, gastrocnèmius, and plantar muscles; at times also the toes became strongly flexed, and in every instance there was pain, not alone in the shortened muscle, but also in the foot, which as time went by became deformed so that she walked on the outside of the sole, and could not bring the heel down, while the foot itself was too much laterally arched. At the time she was seen at this hospital the muscles acted spasmodically in walking, and the pain, which was quite steady, was much increased by such exercise. The bellies of the muscles concerned were sore after exertion, and it was clear to us that not only were the slight deformities due to the spasm of the muscles, but also that the pain felt was in some way related to the spastic manner in which they acted when influenced by volition. Irritations, mechanical or electrical, addressed to the sole, caused no unusual movements, but I found that the muscles at fault were singularly easy to act upon when faradized. When I questioned her closely as to the pain, she insisted that it was steady, that all exercise terribly increased it, and that the worst torment was due to a crampy pain which affected the intrinsic muscles of the plantar region, and contracted the inner side of the foot. This came on daily three or four times a day, and lasted from fifteen to twenty minutes. I found in this, as in the lad's case, no known cause for the disorder, despite an investigation of every organ. She was not examined under anæsthetics.

Two years ago an apparatus was put on her foot, and an effort made to correct its deformities without section of the tendons. The attempt to stretch the shortened muscles gave extreme pain, and was soon abandoned. After consultation, Dr. Goodman and

I decided to divide the tendons of the gastrocnemius and peroneus longus, as well as the contracted plantar fascia. The operation gave immediate relief, and enabled us to straighten the foot and bring down the heel. The spasm of the muscles ceased after the section of the tendons, and although she has at times some annoyance from pain in these muscles, it is not great enough, as it was before, to inhibit exercise.

Last spring I saw a child aged eleven years, who had had, the autumn before, a prolonged ague. Late in the winter, being then to all appearance in robust health, she began to have, when walking, sudden and violent contractions of the right gastrocnemius muscle, which lifted the heel off the ground just at the usual time, that is, at the end of the step, and also held it thus drawn up for a moment. The pain was in the body of the muscle, and was severe. After a minute or two it left as the contraction ceased, to return again in half an hour or less. These spasms kept the muscle sore, and had begun to shorten it permanently. The muscle acted under a faradaic current, which failed to stir its healthier fellow in the left leg. As the child was here but for a day, I wrote an opinion advising section of the muscle. Soon after this, a long illness —a remittent fever, I believe, followed by pneumonia—kept the child nine weeks in bed, and either the long rest or some other agencies, the offspring of disease, entirely cured the spasms, which I learned lately have not returned.

There is to me something most interesting in the study of these curious cases of local spasm. They belong to a wide class called by the French *contractures*, the type of which is seen in those remarkable instances where cold or rheumatism seems to be the remote cause of muscular spasms, which may in time pass away, or may end, as in a case now in the children's ward, in deformity of every mobile portion of every limb. At present they concern us chiefly in their relation to the feet. So far as my own experience in this direction has gone (and it is a rather large one), only those muscular contractions are very painful or permanently so which are persistent enough or frequent enough to alter the shape of the foot and to keep it so deformed. Thus, in the lad whom you have just seen, the spasms were enduring and frequent, and finally caused distinct, although not excessive, deformity, accompanied by a permanent shortening of the disordered muscles. Now, the pain in the muscles existed chiefly when these were in action; but there was also another pain which was present then and remained when the muscle was at rest, and this was found to lie at or about the insertions of the muscles in the foot. In this boy's case there was at the muscular insertions a little puffiness, and at times slight tenderness. These latter symptoms do not always attend upon contractures elsewhere, or even constantly in those which affect the foot. Thus, in a remarkable example of "functional spasm," as I should like to call it,—that is, a spasm which is seen in a muscle when executing an ordinary action,—there was never any pain either in the muscle, although it was somewhat shortened, or at the point of insertion.

Neither in the case of J. W., aged twenty-nine, who was here in December last with a permanent contracture of the biceps, was there pain, save in the elbow and in the muscular mass. What now I most wish to point out is this: that there are rare cases of obscure pain in the feet which seem to be related to contractions of muscles, and that a close study of the case will often show a slight shortening of the muscles and more or less deformation of the foot. Cases of this kind must, I presume, be rare, because, although we see in this building a multitude of deformities of the feet, it is uncommon to find the part painful, no matter how great is the attendant contraction of muscles, no matter how widely the members have departed from the forms of health. Let me add, however, that nearly all of our deformed cases are children, or persons who acquired their disease in childhood, and that two of the three cases I have described were in adult life when their trouble began. In such persons the forms of parts offer greater resistance to change, are no longer plastic, and consequently suffer when subjected to such steady strains as tend to cause displacements. On some other occasion I hope more fully to discuss the various forms of contractures, but at present I have only so far dealt with them as to point out that in certain cases they seem to cause obscure forms of pain in the feet.

(To be continued.)

SIMPLICITY IN THE CLASSIFICATION OF TUMORS.

SYNOPSIS OF A LECTURE DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA, OCT. 26, 1872,

BY DR. JAMES E. GARRETSON.

THE lecturer commenced his discourse with the suggestion that the histological distinctions of tumors were of little clinical import, and while of profound and most enticing interest to the student of histogeny, yet were of such little matter in practical surgery that he was oftentimes led to doubt whether one might not get along with much less confusion to the subject of diagnosis, without, than with, them. As the subject had presented itself to his experience and his judgment, he said, "Tumors divided themselves, not into a multitude of classes, but simply into two; these two he would designate 'the explainable' and 'the non-explainable.' In the first of these classes was to be placed every tumor having in itself that which explained its presence, examples of which existed in the sebaceous tumors, the herniæ, ranulæ, etc.; in the second belonged, without distinction, saving the parasitic, all that remainder the explanation of which has to be sought outside of a local condition; examples in the latter directions being recognized in the nodes of syphilis, the degenerating glandular enlargements of tuberculosis, the multitudinous expressions of cancer."

All tumors of the first class, the lecturer suggested, were in themselves necessarily benign; all of the second class were to be viewed, not in themselves, but in the dyscrasia of which they were to be ex-

teemed simply expressions. As an illustration in diagnosis, the following was offered: "A patient presents himself to a surgeon, having a tumor in his groin. What is the nature of this tumor? It might have the local signification of a hernia; of an undescended testicle; of a hydrocele of the spermatic cord; of an inflamed lymphatic gland. It might have the constitutional explanation of syphilitic or tuberculous bubo. It might be a cancer. To satisfy himself of the particular condition represented, the surgeon may only proceed as follows: First, he must recall the anatomy of the part. In the groin of the human male is a canal,—the inguinal canal. This canal is entered by a ring from the abdominal cavity, and has an outlet in a second existing in the aponeurosis of the external oblique muscle. In this canal lie, enveloped in a sheath, the spermatic vessels; this canal constitutes the passage transmitting the testicle from the abdomen to the scrotum. The entrance to this canal may permit the insinuation of a knuckle of omentum or intestine. In this inguinal region exist a number of lymphatic glands. This then is the anatomy, and these are the data. Is the tumor a hernia? There is no impulse on cough; no doughy feel; no diminution in size when the patient lies down; no ability to thrust the tumor into the abdomen; no enlargement of the inguinal rings. The tumor is not a hernia. Is it an undescended testicle? The testicle is to be felt in its place in the scrotum. The tumor is not a testicle. Is it a hydrocele of the spermatic cord? There is no fluctuation on percussion; no ability to change the position; no fluid as test is made with the exploring-needle or suction-syringe. It is not a hydrocele. Is it an inflamed gland of a local inflammatory signification? It has no such history. The tumor, then, is not of immediate signification; this it would seem we must know to a certainty. By exclusion, then, such a tumor is exhibited as belonging to the second class. The only question now is as to the vice represented. Syphilis and tuberculosis have a history. If such history does not exist, then a final exclusion pronounces the condition—whether rightly or wrongly need not just here be discussed—cancer. "May it," suggested the lecturer, "be implied that the tumor might be a fibroma or a sarcoma? We are not clinically to trouble ourselves about any such distinctions, for we are prepared to affirm that between such tumors distinction is seeming and not real; but it is urged that these do not kill, yet that carcinoma will. If such objection be abandoned, it may be admitted; but it has an explanation which is easily made evident. There is, we say, but one non-explaining vice; this vice puts on various phases. These phases are influenced by the malignancy of the poison, or by relation with the condition of the individual into whose system it has found ingress. This we may illustrate by an example. Four men go from a healthy to a malarious district; all live in the same house, and all are impregnated with the same poison. In a week one succumbs to a quotidian; in two weeks the second has a tertian; in three weeks the third dies from a congestive chill; while the fourth, preserved by an inherent resistive force, antagonizes the miasma entirely. Thus also in the cancer-vice: one man, either from the concentration of the virus, or from the absence of antagonizing power, dies quickly from a medullary expression; while another maintains a tumor for years in the condition of a simple sarcoma, succumbing finally in the battle, which, by the accident of some loss of resistive force, gives a mastery to the abeyant vice, the sarcoma being quickly degraded into that which the microscope has distinguished from it as carcinoma. The premise is to be maintained that any and every tumor which cannot be proved benign is to be deemed malignant. A self-explaining tumor expresses its own name; a non-self-explaining tumor demands from us no special regards for the distinctions of nomenclature, except as in an adjectival way these distinctions classify, for convenience in description, what are to be regarded as varying expressions of a common disease.

"Might it," said the lecturer, "just here be asked if no distinctions are to be made between the fibromata, the myomata, the myeloid of Paget, etc., because of its being the case that these have in themselves no more explanation of their appearance than have the carcinomata? Clinically it is to be affirmed that no surgeon lives who, upon the living subject, or upon the dead one either, has as yet been able to draw at any exact point a line of distinction between these growths and what histology denominates cancer; but I will not declare," said the lecturer, "that there is no such line. I hasten, however, to assert that if there is, it is my misfortune never as yet to have met with the practitioner who seemed able to map it off. Look, however, at the matter for yourselves.

"*First.* Fibrous Tumors — Fibromata. — The study of the fibromata begins with—1. Tumors which to the eye are composed of firm, interlaced fibrous tissue, and are, to the touch, hard, yet to an extent elastic. Such growths spring from the periosteal tissue, and find a favorite location in the maxillary antrum. When unmoulded, as when springing from a free surface, they are superficially lobed, and, as a rule, are ovoid in form; when occupying the sinus, they conform very much to the shape of the cavity, and are apt to retain their bony covering until they attain a size much greater than the site from which they originate. In color, these tumors are a faintly yellowish white, pure white, or a very pale red; in arrangement, the fibres are concentrically related, affording an expression of concentration, as if growing toward, rather than from, a centre.

"The diagnosis of this form of the fibromata lies in the isolation of the growth; in its elastic hardness; in the perfectly healthy and non-implicated appearance of the associate parts; in the absence of pain; and in the tardy growth. Such tumors are to be removed with an almost positive assurance of non-return.

"2. A second form of the fibromata is found in such close alliance with the first that no one might doubt the intimate relationship of the two, differing really alone from the first in the presence of a looser stroma, being what Rindfleisch, in his classification, would term 'a connective-tissue tumor'

This tumor, or rather this expression of a common tumor, has not the same concentric development, seeming, in this respect, to be less resisted by the neighboring parts; it does not infiltrate, but yet is of eccentric rather than concentric growth; or, if not this, then the fibrous relation is irregular. This is the first expression of the fibroplastic tumor of Lebert.

"3. The myomata of Virchow. Advancing one step farther in the appreciation of the fibromata, we meet with those spindle-shaped cells, which induced Virchow to give to the expression the name of myoma, and which, when possessed of more marked characteristics, constitute the fibro-sarcoma of Rokitansky. This is the fibro-recurring tumor, an expression of which Mr. Miller speaks—'as of a tumor ill defined, one which it may be doubted if it is not more properly classed when placed among the malignant conditions, seeing they are found prone to return, after excision, with singular obstinacy.'

"The eccentric fibrous tumor—fibro-plastic, fibro-recurring, myoma, fibro-sarcoma—presents alterations of structure, from which, at a point unknown to your lecturer, it passes into classification as sarcoma.

"*Second.* SARCOMATA.—The sarcomata are so called from presenting on section a fleshy look. A pure myoma would be alone the sarcoma, if by flesh-like was meant muscle-like; but by flesh-like has not been meant muscle-like; hence to say what is not a sarcoma, is with all writers merely an approximation. With such confusion our classification happily enables us to dispense. A sarcoma is what it is now designated by Billroth,—'a tumor consisting of tissue belonging to the developmental series of connective-tissue substances (connective tissue, cartilage, bone), muscles, and nerves, which, as a rule, does not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms;' in other words, it is an expression of the fibromata. Rindfleisch distinguishes the sarcomata into 'the round-celled sarcoma, the spindle-celled sarcoma, and the fibroma.'

"Another expression of this tumor is that classified and described by Mr. Paget as the myeloid,—so called from a resemblance to marrow,—an expression so lacking a persistent individuality that, even according to the classifier himself, such tumors vary from simple semi-fibrous, semi-marrow-like structure to those so heteroclitic that they seem to merge into the medullary."

Discussing the subject with large latitude, the lecturer resorted to the blackboard to demonstrate that the very highest expression of practice in the direction consisted in accepting and treating as cancer that which could not be shown not to be cancer. As an illustration, the epulides were used; four tumors of this class being shown to have in themselves explanation of their origin and local nature; while apart from these four, the lecturer insisted, no single one, whatever its histological quality, might have explanation given for its presence, and was, therefore, to be treated as the expression of a vice; that any and every one of the epulides, apart from the four described, was treated to the greatest good of the patient when it was viewed as cancer; and, this being admitted, that to know the four of self-explaining signification, was necessarily clinically to know all the rest; at any rate, was to know what best to do for them, which, after all, was the matter which most concerned the usefulness of a surgeon to his patient.

In giving this synopsis, we would not be understood as having repeated the lecture with any fulness. The subject was discussed in proportion to its length and depth, and if histology was denied importance of position, histological aspects, particularly those pertaining to the histoid mixed tumors, were elaborated with all care,—being employed, however, to show what seemed to the lecturer the weakness, rather than the strength, from the clinical aspect, of any classification so founded.

NOTES OF HOSPITAL PRACTICE.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROFESSOR S. D. GROSS, M.D.

Reported by FRANK WOODBURY.

LATERAL OPERATION FOR LITHOTOMY.

THIS man, thirty-eight years of age, has suffered for years with an aggravated irritation of the bladder. He is troubled with frequent desire to pass his urine, which is small in quantity, and when flowing stops suddenly, with a painful sensation extending through the bladder and adjacent parts. His appetite is poor; he has some dyspeptic symptoms, and his bowels are constipated; he is losing flesh, and his health generally is below par.

These symptoms might be produced by a vesical calculus. The characteristic sign is that sudden check to the flow of the urine, which he complains of, which might be produced by a foreign body, such as a stone, which, being movable, would naturally be washed by the water to the neck of the bladder, and there act as a valve obstructing the current. We have a means, however, of determining this positively, and of feeling and hearing a stone, if one exists, by means of an instrument termed a sound. This I have used in the present case, and have found that there is a large stone in the patient's bladder. We should make it a rule, in proceeding to cut a patient for stone, to pass the sound and find the stone at the time of operating. Although all the rational signs are present, unless we can obtain this evidence before operating we should defer the case until another occasion, no matter how positive we are that we have felt and heard it on previous examinations. By neglecting this precaution many patients have been subjected to the pain and perils of lithotomy, in whom after the operation no stone could be found. Many cases of this kind are on record. The greatest care should be exercised in sounding the patient, and this should be repeated on successive occasions, until absolute certainty is attained as to whether a stone exists or not. Cases occasionally happen where all the symptoms are present, but no calculus can be discovered; or a stone may really exist, yet the surgeon be unable to detect it by any means at his command. This might occur in a case of sacculated bladder, where the concretion is encysted in a fold in the mucous lining

or it might be hidden in the cul-de-sac at the bas-fond of the bladder, behind the prostate gland.

Sounding enables us to ascertain positively the existence of a stone, and gives us an idea of its size, situation, and character; whether smooth or rough, solitary or multiple. The instrument used is generally made of polished steel, and comes in sets of varying curves and different sizes, of about twelve inches in length. The instrument is warmed and oiled, and introduced as an ordinary catheter, allowing it to glide along the urethra by its own weight. The patient's rectum should be empty and his bladder about half full of urine at the time of the examination, which should be conducted with the patient supine in bed, with his thighs and knees flexed and well separated. The sound will frequently encounter the stone immediately on entering the bladder; otherwise, it must be moved around in various directions. When the stone is suspected of hiding behind an enlarged prostate, the forefinger may be introduced into the rectum, so as to push up this portion of the bladder. If the examination is attended with much pain, or the patient is a child, an anæsthetic may be given. Many years ago a French surgeon invented a little circular sounding-board, which is attached to the handle of the sound, whereby the peculiar "click," made by the instrument striking the stone, is made more evident and distinct. The patient's system should be in a manner prepared before the sound is introduced. In case he comes from a distance, he must perfectly recover from the fatigue of the journey. From a neglect of this, much suffering has been produced. Paget records six cases where death ensued from a mere sounding for stone; the procedure, therefore, is not without risk to the patient.

Vesical calculus is rare in the female, probably because the shorter and more capacious urethra allows prompt excretion to many deposits that under other circumstances would form concretions. From the statistics of the affection, it is also seen that negroes are not so liable to this disease as the white race. Drinks of certain kinds, such as cider, have been known to produce this disorder, which is also very prevalent in limestone regions, although not exclusively confined to them. Food also exercises an influence over calculous deposits, and the poor are more frequently attacked than the rich. Gout and rheumatism frequently are accompanied by the formation of the variety known as the uric acid calculus. The growth of a stone is generally slow, and extends frequently over a series of years. It has its origin most frequently in the kidney, from whence the ureter conveys it to the bladder; or a foreign substance, introduced through the urethra, may be the nucleus of the concretion; or it may even originate in the bladder itself, by deposit from urine which is unusually rich in the earthy constituents.

These calculi are of different chemical composition. The most common variety is composed of uric acid; the next in frequency is the oxalic calculus, which consists principally of oxalate of lime; then follow the triple phosphate, the ammoniaco-magnesian, the cystic, fusible, and xanthic; the latter being extremely rare. The oxalic variety is hard and tuberculated, and hence is sometimes called the mulberry calculus; it is always single, except when very small and smooth, when it is generally multiple, and receives the name of the hemp-seed calculus.

This body in the bladder keeps up a constant irritation and inflammation of the mucous lining, producing all the symptoms of cystitis. Hypertrophy of the walls of the organ with diminution of its capacity may result, or the calculus may ulcerate through, producing extravasation of urine and threatening life. Or the stone may remain and gradually increase in size, causing organic disorder of the urinary organs, producing much suffering to the patient, and finally death will ensue from hectic irritation.

When the stone is very small, it may be extracted through the urethra; or, if of medium size, it may be crushed by the operation of lithotrity, and the fragments removed through the same channel; but when of large size the safest and best means of removing it is by the operation of lithotomy. This is performed either by the lateral, bilateral, or median incision. The lateral operation is the one I prefer, and generally perform. The patient requires a certain amount of preparatory treatment before being subjected to the risk of an operation. Rest and a light diet for a few days are essential. Castor oil is administered the evening before operating, so as to empty the bowel, or it may be cleansed out by an enema. The rectum must be thoroughly evacuated, because, otherwise, it would be in the way, and might be accidentally cut, producing a recto-vesical fistula, at once the most intractable and one of the most disgusting affections that ever made a patient miserable for life. It would be better to let him die under the operation than by such an affliction to render him perpetually obnoxious both to himself and those around him.

Never commence the operation with the patient on a bed, as it is entirely too low. He must be placed on his back, upon a table, with his buttocks brought to its edge, as soon as the anæsthetic has produced its effect. The patient's bladder must be partially full of urine at the time, in order to facilitate finding the stone, which will probably be brought down with the gush of urine as soon as the orifice is made. A staff is then passed into the bladder, having its handle inclined towards the right groin of the patient, and held by an assistant, who also holds the scrotum out of the way; two other assistants hold the limbs widely apart, with the thighs and knees firmly flexed. The operator then takes his position in front of the patient. I prefer to kneel on one knee, as being the most convenient. The left forefinger is inserted into the rectum to hold it up and induce its contraction, and render the integument of the perineum tense. The left side is generally chosen as most convenient for the right hand of the operator. The knife is then introduced a little to the left of the raphé, about an inch and a quarter in front of the anus, and the incision carried obliquely backwards, about three inches, to a point half way between the tuberosity of the ischium and the anus. The tissues are torn and picked away until the urethra is found at the bottom of the wound. The knife is then thrust into the membranous urethra and run along the groove of the staff into the bladder, in its passage partially dividing the neck of the organ and the left lobe of the prostate gland. The urine then gushes out, and the stone is readily found and extracted with the scoop or lithotomy-forceps. If the stone is very large, it may be crushed and removed piecemeal, in preference to enlarging the opening. The bladder is then immediately washed out with a syringe and tepid water, to remove all the fragments that might otherwise form nuclei for fresh growths. Any bleeding vessels are tied after the operation. The wound will afterwards fill up with granulations, and the urine resume its natural channel.

[This operation was performed as described. The stone was quite large, and so soft as to break in several pieces when grasped by the forceps. The wound was plugged with styptic cotton, and the patient conveyed to his bed, which had over the lower half of the mattress a large piece of oil-cloth placed, covered, for the purpose of absorbing the urine, by a folded sheet, called the draw-sheet, which was frequently changed. A full dose of morphia was given immediately after the operation. The patient recovered sufficiently to leave the hospital at the end of the eighth week, and returned

home to the country perfectly relieved of the symptoms that had given him trouble for so many years.]

SYPHILITIC DACTYLITIS.

This is an affection that by some is thought to be extremely rare, but which is often seen at this clinic, and is referred to in my "Surgery" as being sufficiently frequent. It is known as syphilitic panaris or dactylitis syphilitica. It attacks one or more of the fingers, and consists of a deposit of the gummous matter peculiar to syphilis, both under the periosteum and in the structure of the bone itself, which becomes softened and expanded to many times its natural size. It occurs generally in children before the seventh year, in whom it is produced by inherited syphilis.

This little colored boy, two years and six months old, was unfortunate enough to have his hand trodden upon, a year ago, which resulted in this disease of the metacarpal bone of the thumb. But this result could not have ensued if this taint were not in his system. His mother states that she has had four children, who are all dead except this one, and she has miscarried several times. His father also is not healthy. The child's system needs invigorating. He shall have a salt bath every day, and his diet shall be carefully regulated, so as to consist only of the most nourishing food. A piece, the size of a walnut, of unguentum hydrargyri, may be rubbed on the inside of his thighs every second day. An emollient poultice may be applied to the affected finger.

[This case, and the one preceding, appeared at one of the clinics of the auxiliary course, during the summer.]

NECROSIS OF THE TIBIA.

This boy, ten years of age, has had a disease of his right tibia for six years. We notice a deformity in the limb; the bone is enlarged throughout its entire extent, and bent forward in the shape of a bow; this was caused by the constant pressure of the body in walking upon it, when the bone was softened by disease. There are two sinuses, from one of which a large portion of dead bone protrudes. The discharge is thin, ichorous, and sometimes sanguinolent, bearing no resemblance to healthy pus. We find the fibula perfectly natural and unaffected.

The first indication is to remove the dead bone, which we can readily do here by enlarging the opening slightly, and extracting this large sequester with the forceps. We next carefully scrape the walls of the cavity, removing all the disintegrated carious structure, unhealthy granulations, and cacoplastic lymph, which would interfere with healthy repair. Then wash it out with the syringe and cold water. Granulations will spring up, bone will be deposited, and the wound heal; but there will be no reproduction of the medullary canal, and the bone will never regain its natural weight, being always a little heavier. This bend in the bone it is too late to remedy. After the operation the limb shall be wrapped in a weak solution of acetate of lead. We will not prescribe for him, as he is under the care of a physician who brought him to the clinic.

This disease is strumous in character; in other words, it is a late outgrowth of syphilis. In its early stages the pain is generally acute, depriving the patient of sleep and appetite, and producing severe constitutional effects. Where this predisposition exists, the affection comes on from the slightest causes, such as a blow on the part, or suppression of the cutaneous perspiration, or may even occur without any assignable cause. The disease is cowardly, and attacks the least defensible spot in the patient. We may assume that this tibia was the weakest part of the boy's frame, being weak by inheritance. Whether it commenced in the bone or periosteum first, it is impossible to say, because they are both implicated in the subsequent morbid action.

A NEW RULE FOR DOSES.—Dr. E. H. Clarke (*Boston Medical and Surgical Journal*, September 26, 1872).—The doses, given in works on materia medica for the administration of medicines, are intended for adults of average health and strength. These average doses are of course varied by the physician, when prescribing, so as to suit differences of age, disease, sex, temperament, idiosyncrasy, and the like. Of the various modifying circumstances that affect the dose, age has always been recognized as the most important, as it is the most obvious one. Several schemes or rules, intended to aid the memory in apportioning doses to different ages, have been proposed. Two are commonly referred to as the best. Both of them are familiar, and both may be found in the United States Dispensatory.

The first is the table of Gaubius, according to which the dose of an adult being one, or one drachm, that of a person from

14 to 21 years will be	$\frac{2}{3}$	or 2 scruples.			
7 to 14	"	"	"	$\frac{1}{2}$	drachm.
4 to 7	"	"	"	$\frac{1}{3}$	or 1 scruple.
At 4 years old, the dose will be				$\frac{1}{4}$	or 15 grains.
At 3	"	"	"	$\frac{1}{5}$	or 10 grains.
At 2	"	"	"	$\frac{1}{8}$	or 8 grains.
At 1	"	"	"	$\frac{1}{12}$	or 5 grains.

Dr. Young's rule, extracted from the Pharmacologia of Dr. Paris, is generally preferred, on account of its simplicity, to the table of Gaubius. It is this: "For children under twelve years, the dose of most medicines must be diminished in the proportion of the age to the age increased by twelve; thus, at two years to $\frac{1}{7}$: viz., $\frac{2}{2+12} = \frac{1}{7}$. At twenty-one the full dose may be given."

Physiological experiment has shown that the weight of animals is not only as important an element in apportioning doses of drugs as age, but is probably a more important one than that. Thus, Dr. Fraser, of Edinburgh, in his recent admirable monograph on physostigmia and atropia, has shown that the minimum lethal dose of sulphate of physostigmia for rabbits is 0.04 grain for every pound. M. Claude Bernard has called attention to the fact that in physiological experiments with drugs on animals, the dose should vary with the weight of the animal. Clinical observation shows that men in this respect are not unlike other animals; and that in the administration of remedies, the dose should vary with the weight of the patient in order to obtain the best therapeutical result. Guided by this principle, it is easy to give a rule for doses that is more exact and more easily remembered than the table of Gaubius or the equation of Dr. Young.

Assuming the average weight of an adult to be one hundred and fifty pounds, for whom an appropriate dose is one or one drachm, the dose of most medicines must be increased or diminished in the proportion of the weight of the patient to that number of pounds. This proportion is represented by a fraction, whose numerator is the patient's weight and whose denominator is 150. If a child at birth weighs six pounds, the appropriate dose for it would be $\frac{6}{150}$, or $\frac{1}{25}$; if it weighs ten pounds, $\frac{10}{150}$, or $\frac{1}{15}$. A child two years old, weighing twenty pounds, would require $\frac{20}{150}$, or about $\frac{1}{7}$ of an adult dose; or, more precisely, $\frac{1}{7\frac{1}{2}}$, which is exactly halfway between the quantity indicated by the table of Gaubius for a child two years old and that indicated by Dr. Young's scheme for the same age. A person whose weight is two hundred pounds should have $\frac{200}{150}$, or $1\frac{1}{3}$ of an average adult dose. A child twelve years old, weighing 75 pounds, would require $\frac{75}{150}$, or $\frac{1}{2}$ of an average dose.

The modifications of the average dose, demanded by a patient's idiosyncrasy, disease, and other conditions than age or weight, are not, of course, met by the above rule.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, NOVEMBER 9, 1872.

EDITORIAL.

PHYSICIANS' FEES.

THE medical profession stands to the public in a double relation; on the one hand, as business men, we have a commodity to dispose of,—our medical skill; on the other, as humanitarians, we have an ability to relieve some of the inevitable woes of our race. Very few men, rich or poor, go through life without at some time urgently needing the advice of the physician; and this need is one universally recognized as imperative. A man may have to forego his rights because he cannot afford to employ a lawyer; no man must languish or perish with disease because his purse is light. We believe it will not be disputed, that the gratuitous services rendered by physicians at the demand of the public are far greater than those asked of any other set of men. And this has had the effect of developing our humanitarian relation to the community at the expense of our business interests.

We hold that our services have a market value, variable, but still actual. It is the difficulty of determining this value, the impossibility, indeed, that makes fee-bills and scales of charges so unsatisfactory. Shall the visits of yesterday's graduate be paid for at the same rate as those of the man who has given half his life to the study of disease? Is a visit a visit, no matter whether the case be one of trifling indigestion or of the gravest typhoid? Shall "the passing of a catheter" be worth just so much, no matter whether the operation is so easy that a child might do it, or so difficult as to demand the utmost dexterity for its success?

We have said enough to show how unsatisfactory and even how useless must be any action taken by the College of Physicians of Philadelphia in regard to the proposed changes in the fee-bill for this city. Every one knows that this matter is in agitation; and almost every one knows that a suggestion to abolish the fee-bill entirely, made a year or two since, was negatived. A sliding scale we are told we cannot have. Hence the only plan is for the College to again establish a sort of average tariff of charges.

Whether physicians shall adhere to this scale or not, in making their charges, each must determine for himself. We believe it would be far better for the older men, and those of special reputation and large business, to raise their fees,—to make more money by less arduous work. And in doing this, we do not think they would sacrifice one iota of the honor or delicacy of our profession. The highest possible authority has said, "the laborer is worthy of his hire."

THE WELLS NATIONAL TESTIMONIAL FUND.

AS many of our readers are aware, a fund is being collected for the benefit of the family of Dr. Horace Wells, who deserved at least a share in the credit of the discovery of the artificial production of anæsthesia. There has always been some doubt whether he was not really the experimenter who first laid the foundation for this vast benefit to suffering humanity; and this doubt ought to be enough to secure for his family, now in very narrow circumstances, the liberal aid of all who have seen or felt the value of the boon which he helped to confer. We trust the appeal will meet with a hearty response from his countrymen.

Contributions may be sent to the Treasurers of the Fund: W. R. Vermilye (Vermilye & Co., Bankers, Nassau Street, N.Y.); Samuel S. White, D.D.S., Twelfth and Chestnut Streets, Philadelphia; or by the special collector for Philadelphia, S. B. Merkle, M.D., care of Major S. T. Pratt, 7 and 8 Ledger Building. Checks or money-orders are preferable for all sums over five dollars.

WILLS HOSPITAL LECTURES.

A VERY valuable course of instruction in ophthalmology, combining the didactic with the clinical, is projected at the above institution for the months of November, December, and January. Dr. Levis takes charge of the Operative and Clinical Sur-

gery of the Eye; Dr. Harlan, of the Anatomy of the Eye, Accommodation, and Ophthalmoscopy; Dr. Dyer, of the Physiology of Vision, Refraction, and General Diseases of the Eye.

It would be difficult to overestimate the advantage of such a series of lectures and demonstrations to the student, the recent graduate, or the country practitioner.

CORRESPONDENCE.

COOL.

To the Editor of the Philadelphia Medical Times:

DEAR SIR,—My friend Simkins has a large practice,—forty patients daily,—so he says. In the summer, when the mercury shows a tendency to reach 100° in the shade and hold fast to it, Simkins, my friend, feels that his health demands a sojourn at the sea-shore, where, curiously enough, most of his patients take quarters. Before taking his departure, however, he drops me a hasty note, as follows:

"My dear Timkins,—Off to the shore to-day; have left my patients in your charge. Keep cool. Good-by.

"Yours,

"Simkins."

I, Timkins, being an humble practitioner, with one patient daily, feel the immense responsibility of having Simkins's patients under my charge, and, perspiring day and night in performing his duty, destroy shoe-leather, and expend car-fare, narrowly escape an attack of heat-fever, toil and boil for my friend Simkins's patients.

The season ends; the mercury falls, and I receive another note from my friend Simkins:

"My dear Timkins,—Home again. Please send me, at your earliest convenience, a list of the visits made. Hope you have kept cool. Thanks for the work you have done for me.

"Yours,

"Simkins."

I am cool now, Mr. Editor; cool to my friend Simkins.

Yours, obediently,

Timkins.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, September 12, 1872.

The President, Dr. J. H. Hutchinson, in the chair.

DR. O. H. ALLIS presented a specimen of *aneurism of the ascending aorta*. The specimen was referred for description to a committee consisting of Drs. Harrison Allen and W. W. Keen, who reported as follows:

"The committee appointed to examine the specimen of aortic aneurism presented by Dr. Allis, Sept. 26, beg leave to report:

"That the aneurism involved the ascending portion of the arch alone, *exclusive* of the bulb. None of the cardiac valves were diseased. The aorta was exceedingly atheromatous beyond the aneurism. The walls of the sac consisted of the dilated aorta and the condensed surrounding tissue. Its relations to the pericardium, as the specimen exists, we were unable to determine. The pulmonary artery was not compressed. The contents of the sac consisted of a very large mass of laminated fibrin, and on the internal surface a considerable amount of clotted blood.

"The effects on the sternum, the ribs of the right side, and intercostal spaces, were as follows:

"The sternum was eroded at the right border in the third intercostal space.

"The third rib was pushed up and eroded in its under surface at one point.

"The fourth rib was pushed forward, greatly eroded on its upper surface, so as almost to be fractured at one joint. On its under surface were a number of osteophytes.

"The fifth rib was eroded on its upper surface, but not pushed down.

"The third and fourth intercostal spaces were greatly widened: the third by the erosion and lifting of the third rib, narrowing the second space; the fourth by the simple erosion of the fifth rib, the fifth intercostal space being normal."

Dr. H. C. Wood exhibited a section of a portion of the femur from *a case of rheumatoid arthritis*, in which the *medullary cavity was wholly occupied by cancellated tissue*. The patient was a woman aged twenty-three years, who died of shock after the operation of opening an abscess.

Dr. W. Pepper regretted that a larger portion of the bone had not been examined, so as to ascertain if some traces of a medullary cavity did not exist higher up. As to the precise nature of the process by which the place of this cavity was still occupied by the cancellous tissue, it appeared to him unlikely that it had been purely one of the formation of new cancellous tissue. According to his own observations upon the production of cancellous tissue in cases of hyperostosis, there will usually be found traces of new-formed layers of compact bone, which has undergone a more or less marked consecutive conversion into cancellous tissue. In the present specimen, on the other hand, the tissue occupying the centre of the shaft was apparently identical and directly continuous with the normal cancellous tissue nearer the periphery.

Dr. James Tyson presented a specimen of *cirrhotic or "hobnail" liver, unusually small*, removed from M. T., intemperate, aged fifty-six, who was admitted to his ward in the Philadelphia Hospital August 8, 1872, and died September 18. On admission he was the subject of anasarca of the lower extremities, marked ascites, and hydrothorax. There was a faint mitral murmur. The urine was scanty, but contained no albumen.

Tincture of chloride of iron was freely administered, and one-eighth of a grain of elaterium given every other day, which produced large watery evacuations from the bowels, but was discontinued on account of the prostration resulting. Two weeks before death, paracentesis abdominis was performed, and two hundred and forty ounces of fluid drawn off. Later, obstinate nausea and vomiting supervened, and he died with symptoms of dyspnœa.

The post-mortem examination revealed large quantities of fluid in the pleura, pericardium, and peritoneal sac. The liver was a beautiful example of a "hobnail" organ, less than half the normal size and weight. The spleen was pultaceous and considerably enlarged. The other organs were healthy.

Dr. WILLIAM PEPPER exhibited a specimen of *thread-like worm* said to have been passed by a Texan boy. The worm was referred to the Committee on Morbid Growths, who reported it to be a specimen of a male *Gordius aquaticus*, or horse-hair worm, of chestnut-brown color, a foot in length, a little more than half a line in breadth, with bifid caudal extremity.

Dr. J. EWING MEARS presented a specimen of *villous cancer of the vagina*, removed from a patient forty-two years of age.

The attention of the patient was first directed to the growth by the occurrence of a severe hemorrhage, in June last. This has recurred at varying intervals, and has produced much prostration from the loss of blood.

On making a vaginal examination, the growth was found occupying the posterior wall, about the junction of the upper with the middle third. It consisted of a villous or dendritic mass about the size of a small orange, and was excessively vascular. It appeared to surround an opening or depression into which the finger could be introduced. Rectal examination failed to discover that there was any communication established between it and the vagina. The growth was removed by the scissors, and the part cauterized.

Dr. MEARS thought it belonged to the third form of villous cancer described by Rokitansky, in which "the flask grows with considerable dilatation into a stem, which gives off branches which do not ramify further, but break up into a great number of flask-shaped sprouts."

Dr. JOHN S. PARRY remarked that *villous cancer* in this situation was very rare in his experience; that it usually affects the os uteri; and, indeed, that primary cancer of the vagina is rare in any form.

Dr. MEARS said that he had suspected there was disease of the rectum in this instance, and that he had therefore examined it, but was unable to detect any.

Dr. H. LENOX HODGE remarked that his own experience coincided with that of Dr. Parry. He remembered to have seen only two cases of cancer of the vagina, one of villous cancer beginning with the os uteri, and a second of epithelial cancer, much lower down, and involving the lower part of the rectum, with ulceration so that the two passages freely communicated.

The specimen was referred to the Committee on Morbid Growths, who reported:

"The tumor from the vagina, presented by Dr. Mears, is a carcinomatous papilloma, or 'Zottenkrebs' of the Germans. The papillæ of the dendritic growth have each a frame-work of connective tissue terminating in a nodular-like expansion, with similar processes from the sides. In it are found broad and very thin-walled blood-vessels. The papillæ are covered by several layers of simple cylindrical epithelium." A section of the tumor prepared by the committee was placed under the microscope, from which a very clear idea of the structure of the growth was obtained.

Dr. J. EWING MEARS presented a specimen of *scirrhus of the mammary gland*, removed by him from a patient aged thirty-seven years.

The tumor was first observed eight months since, when it existed as a freely movable firm mass, about the size of a hen's egg, occupying the superior portion of the left mamma. At that time the health of the patient was good, although she suffered from the characteristic pain accompanying these growths. Extirpation of the tumor was advised, but the consent of the patient could not be obtained. She was then placed upon arsenic, with the view to arrest the further development of the tumor. Notwithstanding its persistent use, the tumor increased greatly in size, the health of the patient declined, and the symptoms became quite aggravated in character. A gland of the axilla was slightly enlarged; it did not appear to be cancerous, and was therefore not removed.

The tumor, with the entire gland, was removed in the usual manner.

Dr. MEARS also presented the *heart, kidneys, portion of liver and intestines*, from a case of general fatty infiltration and degeneration. There were the symptoms of Bright's disease before death, and the kidneys were highly fatty, but not more so than the other organs.

REVIEWS AND BOOK NOTICES.

HAND-BOOK OF COMPOUND MEDICINES; OR, THE PRESCRIBER'S AND DISPENSER'S VADE-MECUM. By ARNOLD J. COOLEY, Author of "Cyclopædia of Receipts," etc. Small 8vo, pp. 219. Philadelphia. J. B. Lippincott & Co.

This little volume is divided into two portions; the first being devoted to "pills, boluses, globules, grains, and granules," and the second to "mixtures." In each the preparation, formulæ, doses, leading uses, and synonyms of the various articles are given, and, as it seems to us, with great conciseness and accuracy. Although prepared in a London pharmaceutical atmosphere, and intended for English use, such a book cannot but be valuable to physicians everywhere, presenting many and varied combinations, and in this respect embodying the results of experience gained in the public and private practice of the British metropolis.

NORMAL OVARIOTOMY: By ROBERT BATTEY, M.D. From the *Atlanta Medical and Surgical Journal*, Sept. 1872.

This pamphlet consists mainly of a detailed account of a case in which the author performed, upon a young lady aged twenty-three years, the removal of both ovaries, *which were normal in condition*, with a view, says he, "to establish at once the 'change of life.'"

It calls to our mind a story of a somewhat distinguished French surgeon (Delpech, if we mistake not), who removed both testicles for purely functional disease, and was assassinated in his carriage by his patient a few years later.

GLEANINGS FROM OUR EXCHANGES.

BRITTLENESS OF THE BONES IN THE INSANE.—We find the following in the notice of "Asylum Reports" in the *Journal of Mental Science* for July, 1872:

"We notice several cases of broken ribs, and the observations made seem to corroborate the opinion that the condition of the bones is peculiar, at all events, in some classes of the insane. We are disposed to think that it is chiefly among general paralytics that these fractures occur, as illustrated by the cases appended.

"At Hanwell, a man, æt. 55, 'affected with mania and general paralysis, died of pleurisy, the result of fractured ribs.' Another man, æt. 45, affected with the same disease, had a fracture of the right ramus of the lower jaw, two fractured ribs, and laceration of the right kidney; 'how caused there is no evidence to show.'

"At the Hants Asylum, a male patient, a general paralytic, fell against a table and fractured a rib. This was the only case in which death followed, and an inquest was held, the jury giving a verdict of 'death from general paralysis, accelerated by a fractured rib.'

In this case I requested the coroner to call in a medical man unconnected with the Asylum to make the post-mortem examination, which he did, and the evidence he gave showed that the bone was very brittle and the character of its structure changed, so that it fractured very easily. This was afterwards confirmed by an able microscopist, who examined a fragment of the bone under the microscope.

"At Wilts a female idiot, æt. 53, 'seemed to have turned over on her arm in her sleep,' and fractured her humerus in the act. She had suffered from rheumatic gout, and 'it is probable that the bones are atrophied, and consequently abnormally fragile.'

"At Worcester Dr. Sherlock narrates two cases of broken ribs, on which inquests were held as follows: Both patients, men, were suffering from advanced general paralysis, and when these injuries were discovered, were, and had been for some time previously, in a prostrate, hopeless, and very exhausted state. In both cases the bones were found to be in a very diseased and brittle condition, and would have given way under a degree of force perfectly inadequate to produce such a result in a healthy subject. A rib removed from its connections was easily cracked across by the force used by the finger and thumb of the operator's hand. In one of these instances the fractures were ascertained probably on the morning of the day of their occurrence, and in the other case it appeared from the examination after death, that the ribs found broken were of very old standing, had consolidated and become solidified, and were in that state when the man was sent here for care, but that in the course of the exhausting disease from which he suffered, and which was accompanied with extreme emaciation and other signs of disintegration and degeneration, several of the united fractures had again broken loose and manifested themselves upon the examination of the surgical explorer. We know that this result happens in the case of other bodily diseased conditions, and in some earlier reports your attention was called to a similar case, where it was conclusively proved that a man had sustained similar injuries long before he was sent to your Asylum; and, as in the present case, some of the fractures became disunited, and obviously only a short time before his decease. In neither case this year was any inflammatory condition excited in the lungs or pleuræ, and the jury found that death had resulted from the organic disease from which they were suffering.

"At the York Asylum, 'an old, feeble man slipped down in the gallery, and fractured his leg just above the knee; having previously sustained a fracture of the thigh in the same manner. It was purely accidental, and was evidently dependent upon an unusually brittle condition of the bones. The patient progressed favorably for some time, and then sank from exhaustion and shock."

Extreme Atrophy of the Ribs in an Insane Woman. By Prof. Ludwig Meyer, of Göttingen (*Virchow's Archiv*, 1871; quoted in *Schmidt's Jahrb.*, Bd. 154, 1872, No. 4).—This woman, æt. 55, died of suppurative nephritis, in the Göttingen Lunatic Asylum. The ribs appeared excessively reduced in breadth as well as in thickness, being in some places almost like a knife-blade. A slight attempt to bend them caused them to give way. They broke like brittle pasteboard, short off, without splitting. The bone was neither soft nor elastic, but crepitated under the finger; but it sprang back to its place as soon as the fracturing force was removed. The ribs were very light in weight, their surface furrowed and vascular; the cortical substance a mere paper-like, translucent shell; the spongy substance much thinned, and its cells filled with a thin, greasy, brownish-red liquid. The cortical substance, when treated with muriatic acid and examined microscopically, seemed normal; the bone-corpuscles of the usual appearance and number; the Haversian canals wide, pouched out, and showing a membrane striped, thick, studded with fatty granules and granular masses. The liquid contained blood-corpuscles and fat-granules. The other bones were normal or almost so. Professor Meyer thinks this lesion due to the especially diminished respiration often observed in the insane. No fracture had occurred during life.

Primary Cancer of the Trachea and Bronchia. (Dr. Langhaus, of Marburg, *Virchow's Archiv*, vol. liii. part 4, 1871).—The following case shows that the bronchia and trachea may be the seat of primary cancer. A man forty years old had suffered for a year from symptoms indicative of stenosis of the bronchia, especially of the right bronchus. It was impossible to discover the cause of this stenosis. Finally the patient, after frequent attacks of suffocation, died in one of them.

The post-mortem examination revealed nothing abnormal in the abdominal cavity. In the thoracic cavity nothing abnormal was discovered, save the stenosis of the air-passages. The lungs were normal and inflated, the bronchial glands greatly swollen and very melanotic, without cancerous deposits. The air-passages presented nothing abnormal to external observation; but upon opening them extensive disease of their walls was found at the bifurcation of the trachea. At this point the greatest and most irregular thickening of the mucous membrane occurred. Upon the posterior and inferior surface of the trachea a large number of nodules, 7 mm. in height, smooth or slightly roughened, with broad, or in some instances constricted base, were found to extend 2½ cm. into the right bronchus. This fact, coupled with the disease of the mucous membrane of the right bronchus, occasioned great constriction of its calibre.

The rest of the bronchus contained long ridges of soft consistence, the substance of which projected when cut, and was white, but without any marked amount of fluid.

The microscopic examination of the nodules revealed their cancerous nature. They were composed of two elements, viz.: a reticulated stroma of connective tissue, and clusters of cells in the meshes of the stroma. These were small polyhedral or cylindrical cells, containing a distinct nucleus, with nucleoli and a small amount of cell-substance, lying next to the cells of the inferior layer of epidermis.

They were, without intermediate substance, connected with cylindrical prolongations from 0.04 to 0.08 mm. wide, closely resembling similar structures of cancer and cancroid, and exhibiting a well-defined contour, reminding one of an enveloping membrana propria, though such a membrane was certainly *not* present. In the peripheral layer the cells were of cylindrical form. These lay very close together in a delicate stroma composed of elastic fibres and connective tissue.

Although lying close together, the cells did not press upon each other, but were suspended lightly one from another, a condition easily seen by changing the focus of the microscope. The same morbid cell-elements were found in all the layers of the mucous tract, in the most superficial, directly under the epithelium, in the elastic layer, the fibres of which were pushed asunder, and most plentifully in the glandular layer, in which the glandular structures were entirely gone. The disease had extended through the submucous layer to the cartilage, the perichondrium of which was thoroughly infiltrated with the morbid products. The microscopic investigation proved the growth to be soft cancer of the mucous membrane, constituting a very rare case of primary cancer of the trachea and bronchia.

ARSENIC AS A PROPHYLACTIC IN RABIES (*Correspondenz-Blatt*, August 1, 1872).—Dr. Ernest Guisan, in an inaugural dissertation presented to the faculty of Berne, states that though he has arrived at no positive conclusion, he believes that, as in cholera, the germ of the contagion in rabies is formed by one of the lowest fungi. The period of incubation extends, upon the average, over five or six weeks. The poison is then absorbed, spreads itself through the body by means of the circulation, and then multiplies indefinitely, producing ultimately irritation of the nervous centres, and especially of the medulla oblongata. Dr. Guisan then enters into the prophylactic treatment of the disease by means of arsenic, and gives the following clinical observations: "A man was bitten on the 24th of June by a mad dog, in the hand; a girl was bitten at the same time, and shortly after died from hydrophobia. Two days after the accident the man applied to Dr. Guisan's father, who cauterized the wound deeply with potash, and kept the wound open with cantharides. Minute doses of belladonna were given morning and evening up to the 18th of July, when the patient had rigors and pains in the body. From this time up to the 26th of July the symptoms of hydrophobia became gradually more and more expressed, in spite of repeated venesections and the use of calomel and opium. At this date, however, small doses of arseniate of soda were prescribed every four hours (0.003 of a gramme). On the 27th, marked amelioration of the symptoms was observed, which continued till, on the 30th, all danger had passed, and complete recovery took place." Dr. Guisan gives another case in which a rabid dog, between the 7th and 9th of June, bit thirteen persons in various towns of the canton of Freiburg. All were recommended to be treated with one-twentieth of a grain of arsenic morning and evening, as a prophylactic measure. Eight submitted to this prophylactic measure, and none were affected. Four declined, or were not allowed, to take the arsenic. Of these four, two remained unaffected, and two died. One began the arsenic treatment, but speedily left it off. She was attacked, but at a much later period, and died. Dr. Guisan recommends not only the internal employment of the arsenic, but that the wound should be dressed with it.

THE DEMENTIA AND HEMIPLEGIA OF SYPHILIS. By Dr. M. H. Henry (*American Journal of Syphilography and Dermatology*, January, 1872).—There is a tendency at the present day to attribute obscure brain-disorders to syphilis; sometimes merely because the patient has had venereal disease at some period of his life, and sometimes because the disease can be traced to no other origin; but there has not been as yet a sufficiently careful study made of syphilitic lesions of the nervous system to place the subject on a thoroughly scientific basis. It is with a view of adding to the literature of this branch of medicine, and with the belief that careful clinical observations will bring "order out of the chaos of ideas that are now afloat regarding the etiology and pathology of brain-syphilis," that Dr. Henry has reported these cases.

The first case is one of "dementia," which occurred suddenly, two years after the patient had contracted the primary sore. In the mean time he had shown evidences of constitutional disease, for which he was treated by the author, and from which he had apparently recovered entirely.

During the course of the disease, facial palsy, together with strabismus, great impairment of vision, and partial loss of power in the legs, came on.

The patient was completely restored to health under the use of iodide of potassium. An interesting feature is the immense doses of the drug that were tolerated. For at least a month, three hundred grains of the iodide were taken every day, not only without inconvenience to the patient, except slight disorder of the stomach, which soon yielded to treatment, but he gained in flesh and strength day by day. The lesion in this case was supposed to be diffused gummy deposit at the base of the brain.

The other case was one of hemiplegia, with a well-marked syphilitic history. Death occurred on the seventh day after the seizure, which was sudden. At the autopsy, a gummy tumor, "as large as a pea," was found in the fissure of Sylvius, encircling the middle cerebral artery.

THE TREATMENT OF DILATATION OF THE STOMACH BY THE METHOD OF KUSSMAUL.—Dr. J. O. Affleck (*Edinburgh Medical Journal*, June, 1872) advocates this plan, which consists in the emptying of the distended organ by mechanical means,—the stomach-tube, with a pump or a siphon attached,—and washing it out with some medicated liquid.

The morbid condition, which may be due to the pressure of tumors, to thickening of the tissues about the pylorus, whether by cancerous growths, or by simple induration from chronic catarrh, or to the contraction of ulcers in healing, consists in a dilatation, either with or without hypertrophy of the muscular walls; hence the great bulk of the food taken is retained in the stomach, and, undergoing putrefactive and fermentative changes, becomes a source of extreme irritation and distress. Violent pain and heartburn, with eructations and vomiting, either spontaneous or provoked, of a brown-colored, offensively-smelling, strongly acid matter, are the symptoms. A pellicle containing torulæ and sarcinæ collects on the surface of the ejecta. The patient becomes emaciated and anæmic, feeble, sometimes œdematous, and may even die of starvation. Obstinate constipation is often attendant on this disorder, and the urine is scanty, alkaline, and loaded with phosphates.

Various plans of treatment have been proposed; such as giving only the smallest possible quantities of food; giving animal food only; antizymotics,—such as sulphurous acid, alkaline sulphites and hyposulphites, chlorine water, etc. The green iodide of mercury has been much used, also, in sarcinous vomiting.

In 1867, Prof. Kussmaul, of Freiburg, proposed to evacuate the stomach by means of the pump, and to wash out the organ with Vichy water. His first case was markedly relieved, and the plan was adopted in various Continental hospitals.

Dr. Affleck records two cases, one of which seemed to have been primarily a gastric catarrh, while in the other ulceration was present, in both of which Kussmaul's method was employed with great benefit. He remarks that the most favorable cases for its use are those of recent development, when no great changes of structure have had time to occur.

The objections made to the plan, none of which, however, have any real weight, are the annoyance to the patient of the passing of the tube; the risk of injury to the stomach; and the inconvenience of carrying out the treatment in private practice.

THE ABORTIVE EFFECTS OF QUININE (*Wiener Mediz. Presse*, No. 33, August 18, 1872).—In answer to a series of cases adduced to prove that quinine has a tendency to produce abortion, Dr. Bergely, of Kaposvar, Hungary, says, "Aside from its specific antiperiodical effects, quinia possesses a peculiar astringent and tonic influence upon nerve- and muscular fibres, and hence in atonic conditions of these tissues finds its most valued application." That quinine, however, possesses a specific influence upon the gravid uterus, he denies. In malarial regions, when abortion follows the administration of quinine, the malaria and not the quinine is

the cause of the abortion. In proof of this he says the effects of malaria are not only productive of anæmia, but of relaxation of all the tissues, and hence the uterus is unable to retain the fœtus.

In many cases of threatened abortion in women affected with malaria, he has averted the event by administering quinine, in the proper antiperiodic doses.

Respecting the effects of quinine in cases of retained placenta, he says that under certain circumstances it may induce expulsive contractions in the walls of the uterus, but he has found it useful only in cases where the retention is due to simple atony of the organ.

In conclusion, he says that quinine can have no specific and abortive effect upon the uterus, for, were such the case, abortion would occur much more frequently than it does in all malarial regions, where most of the pregnant females take large doses of the alkaloid to relieve their malarial evils.

The discussion is continued in the *Wiener Mediz. Presse*, No. 36, 1872, by Dr. Von Josch, of Klagenfurth, who says that, judging empirically, it seems evident that a large dose of quinine will produce contractions of the uterus in the third stage of labor, although we are entirely ignorant of the physiological action. But its use, as well as that of ergot, is superfluous in the expulsion of the placenta, and should be substituted by other and surer means.

Tetanus (*Allg. Militär-ärztl. Zeitung*, No. 37, Sept. 15, 1872).—Dr. B. Beck, surgeon to the Fourteenth Prussian army corps, says that tetanus occurred only forty-five times among seven thousand one hundred and eighty-two wounded German soldiers. It occurred more frequently among the French.

Aside from the individual peculiarities of the nervous system, the disease was caused by the presence of foreign bodies, splinters of bone, bad transportation, and, especially, exposure to *dampness* and *draughts of cold air*. The true nature of tetanus is still very obscure, and the theory that it is an ascending neuritis is not tenable, since in numerous dissections upon the cadaver, no traces of the products of inflammation have been discovered, neither have new growths of connective tissue been found in the brain or spinal cord, although fatty degeneration or extravasated blood has been found in the nerve-sheath. We must therefore content ourselves with the theory that tetanus is caused by an irritation of the spinal cord, producing its effect in a peculiar reflex manner. Of the forty-five cases already mentioned, thirty-nine proved fatal between the fourth and fourteenth days after the reception of the wound. Since art is powerless in these cases of disease, all the causative influences mentioned above must be most carefully counteracted. If operations are to be performed where joints are open and extensive laceration of tendons has occurred, they must be done at the first indications, for later they are useless. Since baths cannot be procured on the battle-field nor in temporary field-hospitals, the German surgeons in the late war depended upon morphia, curara, and chloral hydrate, the first of which proved itself to be the most beneficial.

Menstrual Epistaxis (Dr. Otto Obermeier, Charité, Berlin; *Virchow's Archiv*, volume lv. part 3, 1872).—A healthy, well-formed German servant-girl, twenty-four years old, was admitted, for temporary insanity, into the insane department of the Charité in Berlin. She stated in her lucid intervals that she had commenced to menstruate in her fifteenth year, with an attack of pain and excessive flow of blood from the genitals. This lasted only twenty-four hours; during the following forty-eight hours she suffered pain but had no hemorrhage. At the end of three days all symptoms disappeared, and the girl remained well until four weeks later, when the same pains returned, accompanied by vertigo, faintness, and bleeding at the nose, which lasted for three days. Since then these menstrual attacks have returned with regularity, and at each period she has lost about a cupful of blood from the nose, but at no time has any menstrual discharge from the genitals appeared. In March, 1870, this discharge of blood from the nose ceased, and in December of the same year the girl was delivered of a child. Six weeks after the delivery the epistaxis returned, accompanied by the former symptoms. This recurrence of symptoms lasted until August of this year, when they again ceased, and the girl supposed she was pregnant,—a fact which was soon confirmed by exploration. Among the rare cases of vicarious epistaxis, this one is especially worthy of note on account of the cessation of the menses at the time of conception, and the return of the same after the termination of pregnancy.

Excision of the Left Scapula.—Samuel Logan, M.D., New Orleans, La. (*Richmond and Louisville Medical Journal*, August, 1872), publishes a case of excision of the left scapula subsequently to resection of the head of the humerus of the same side. He is agreeably surprised at the degree of usefulness of the extremity after such an extensive removal of bone. The patient, male, aged 33 years, during convalescence from smallpox received severe blows on his shoulders, and shortly after began to suffer pain in the left scapulo-humeral joint, followed by caries of the head of the humerus and body of the scapula.

Three months after the operation the wound had almost entirely healed, with the following use of the limb: He could lift readily any moderately heavy article; could pull perpendicularly (lifting) 26 pounds, horizontally, 26½ pounds; by simply flexing the forearm (and not lifting with the body) he could raise 14 pounds; could place his hand on either ear or shoulder, but not on the back of the neck, and pass his hand over the whole of his forehead and face; he could not carry his hand behind his back, but could readily bring it so as to sweep over the whole chest and face. The cavity left by the operation was filled almost to the level of the surrounding parts with a somewhat hard mass of new deposit.

Vehicle for the Internal Administration of Chloroform (*Journal de Pharm. et de Chimie*, 1872).—Dr. G. W. Murdonck, having tried various formulæ proposed to facilitate the ingestion of chloroform, has found that some were difficult of execution, others contained sulphuric ether, and others again contained but little chloroform. He considers the best proceeding to consist in dissolving the chloroform in glycerin (1:3), which is effected with tolerable facility, and gives a very clear solution, pleasant to the taste, and with a strong odor of chloroform. This solution can be mixed in all proportions with water without the occurrence of any precipitation, though the odor is distinctly perceptible. In forming the mixture it is well to add the chloroform slowly, and to mingle the two thoroughly. It should be left at rest for twenty-four hours; at the expiration of this period a portion of the chloroform will be found to have collected at the bottom of the vase; this should be separated and mixed with an additional part of glycerin, when no further separation will occur. This mixture may be kept for some time without any loss of chloroform by evaporation.

Singular Case of Hemorrhage from the Bowels (*Medical and Surgical Reporter*).—A rare and important case is reported in the *Bulletin de Thérapeutique*, June 20, which throws light on some hitherto inexplicable cases of sudden death from intestinal hemorrhage. A man, 74 years of age, had enjoyed good health, except a tendency to constipation. One night

he was taken with intestinal hemorrhage, and died in a few hours. Only twice, and that about a month before, had he had slight attacks of a similar character.

A careful autopsy disclosed the only lesion to be an *erectile tumor*, the size of an almond, in the mucous coat of the duodenum. It was composed merely of an enlargement of the capillary vessels of the part, or so-called angioma. A slight ulceration at its edge had given rise to the hemorrhage which destroyed life.

THE PHYSIOLOGICAL DYSPEPSIA FOR STARCHY FOOD IN INFANCY. By Prospero Sonsino, M.D., of Pisa (*The Practitioner*, Sept. 1872).—If we examine the composition of milk, the proper food of the new-born and young infant, which with reason we may retain as the prototype of the complete aliments, we find in it, besides water and salts, the three organic groups of alimentary principles which concur in different manner to sustain the process of nutrition, viz. the group of albuminoid or *nitrogenized* principles, that of *fatty* principles, and that of hydrocarbonaceous principles. But it is remarkable that the latter are exclusively represented by a kind of sugar called *lactin*, which, with an insignificant modification, being converted into *glucose*, is rendered diffusible,—a substance which could almost be called a true nutriment in the signification given to this word by Corvisart; whereas the starchy principle, which is a conspicuous ingredient of the diet of the adult, and which needs an elaborate process of digestion to be converted into glucose, the material fit for absorption and diffusion, is not at all present in *any* milk. This circumstance of the composition of milk induces us to put the question, "*Is the easiness of digestion of milk in early life to be attributed to its being deprived of starchy principles?*" or, in other words, "*Is it the inaptitude to digest the starchy matter which in early life interferes with the complete digestion of all the aliments which include that material?*"

We have good reason to reply affirmatively to this question, and it follows that in infants there is what we may call a *physiological dyspepsia to starchy matters*, to which ought to be referred much, if not all, of the difficulty in the choice of the convenient food for infants.

It is convenient to examine what other considerations may confirm this suspicion of the indigestibility of starch in early life.

For this purpose it is of paramount importance to examine the peculiarities of the anatomical conditions of the digestive canal in the infant. It is known, in fact, that zoologists have established some differences in the anatomical characters of the digestive canal, which distinguish herbivorous from carnivorous mammalia; and that as to man, the anatomical conditions of his digestive canal, being between those of herbivorous and carnivorous, give evidence that he is neither exclusively herbivorous nor exclusively carnivorous, but omnivorous. Now, can we say the same thing as to the early infantile age?

Dr. Routh, who has dwelt much on this question, quoting Burdach, says, "It is remarkable that suction is the only faculty for the prehension of food which the child possesses at birth, and even this is soon lost if not practised. The jaws are not so constructed as to permit active movements, nor the gums to bear pressure. The hard palate is but little developed, although the cavity of the mouth is sufficiently wide. There is, moreover, no saliva secreted for the first two months, so that no species of preparatory change can take place in it, as, for example, in the conversion of starchy matters into sugar, through the agency of this fluid (saliva). The mouth is, therefore, merely an organ of transmission and suction. The lips are large, and the tongue and pharynx, uvula, and soft palate are well developed, to secure these ends. The stomach in infants is a small tube-shaped membrane, dilated in the centre, one extremity ending in the œsophagus, and the other in the pylorus, resembling in this character that found in carnivora through life. In position, also, it lies more parallel to the trunk; the large and small curvatures and muscular structures being but very little developed. The liver at birth is unusually large; the pancreas perhaps not more developed than the salivary glands; the intestinal tube is much shorter, and the large intestine approaches more nearly in its length to the small. The cæcum (in which, moreover, it is believed a sort of additional digestion occasionally occurs) is very small. The peristaltic motion is more rapid. All these are evidences that food taken will be kept for a shorter time in the canal, and therefore should be in the condition most favorable for digestion. Lastly, in no other of the mammalia is there, in the first periods of life, such a complete absence of teeth. In man they appear latest, and are longest in obtaining their full development. In fine, comparing these appearances with those observed in herbivorous animals, viz. well-developed salivary glands; compound stomachs, sometimes four in number; muscular gizzards, as in some birds; long intestines, large ileum, etc., it is manifest they are the exact opposites to what we find in young infants. As the child grows, the peculiarities which are permanent in herbivorous animals gradually present themselves. The stomach assumes a more horizontal position, the *valvulæ conniventes* become well developed, the peristaltic motion of the intestines becomes slower; in fact, all the changes calculated to retard the food in its progress, and thus to expose it more completely to the solvent juices for digestion, occur. All this proves indubitably that animal, not vegetable, food, is the proper diet for an infant." Routh's "Infant Feeding and its Influence on Life," etc., second edition, p. 75, London, 1863.

But let us see what is the principal difference of composition between animal food and vegetable food. Partly, that in the latter we find more materials refractory to any digestion; that in consequence a more elaborate power of digestion is needed to obtain the nutriment from it. We find, in the one and in the other, albuminous principles, fatty principles, saccharaceous principles; whereas *only starchy principles*, which constitute the principal ingredient of vegetable food, are not at all present in animal food, be it meat or any other tissue, or a product of the animal, as milk or eggs.

Therefore, the same physiological and anatomical arrangement that in infants gives evidence of its being not prepared for vegetable food, supports the conclusion that starchy matters cannot be well digested in infancy, and that there is really in infancy what may be called *a physiological dyspepsia for starchy aliments*.

Another valuable confirmation that starchy matters are not well digested by the infant, we have, lastly, in the very interesting observation made by a Frenchman, M. Guillot, who in the autopsy of a number of infants found a jelly-like substance present in the intestines, which to the test of the tincture of iodine gave evidence of containing a large quantity of unaltered starch. This fact is referred to both by Dr. West in his excellent general remarks on the diet of infants, being a chapter of his valuable work on Diseases of Infancy, etc., and by Dr. Routh, at p. 325 of the book already quoted.

DEATH FROM ETHER (*Medical Record*, Oct. 1, 1872; by W. B. Dunning, M.D., Acting House Surgeon, Bellevue Hospital.)—John Stockander, a German saddler, unmarried, sixty-eight years old, was admitted to Ward thirteen of Bellevue Hospital, on August 2, 1872, suffering from a fracture of left femur, just below the trochanter. The patient was treated by a Buck's Exten-

sion until August 20, when it was decided to apply a plaster of Paris splint. In order to make sufficient extension, and at the same time prevent the pain of the operation, ether was ordered to be administered. The administration of the anæsthetic was slowly and carefully made, and after perhaps ten minutes the patient was fully under its influence and the operation begun. A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his respiration and pulse being normal. As he then began, however, to move about and his muscles were becoming rigid, the ether cone was again applied. In a minute or two, my assistant, who was giving the ether, observed the pupils to be dilating rapidly and the breathing to cease. His heart was still beating, however. The ether cone was of course immediately removed and artificial respiration was again used, and all the batteries obtainable in the hospital were put in operation in an effort to resuscitate the patient. His muscles occasionally responded by a spasmodic movement, but no breathing again occurred. The efforts at resuscitation were continued about forty minutes, until all response to the action of the battery had ceased.

Patient died about four P.M., and the autopsy was made at seven P.M. that same day, under direction of Dr. Delafield. Rigor mortis was marked. Blood was fluid. Brain and membranes neither anæmic nor congested. Trachea and larynx somewhat pale. Heart contained a little fluid blood, with a little atheroma at base of aortic valves. Lungs have old adhesions over both. Emphysema exists, and thickening of large bronchi. The lower lobe of right lung is œdematous, and its lower portion in a state of red hepatization. Rest of lung is normal and not congested. Liver is small and firm, containing a good deal of fluid blood. The other organs are normal.

The ether used was that made by Powers & Weightman. It has been examined by Dr. Squibb, of Brooklyn. He states that he "finds nothing in the character or quality of the ether to account for the death of the man, or even to aid in accounting for it." He adds, that in his "judgment the death of this patient is in no way attributable to either the quality of the ether, the quantity used, or the mode of administration, but that it is one of those accidents which, though of very rare occurrence under the careful use of ether, is inseparable from the condition of anæsthesia."

The quantity of ether used was about ℥vj.

THORACENTESIS IN INFANTILE PLEURISY (*Lancet*, Aug. 10, 1872; from *Bull. de l'Acad. de Méd.*).—In the course of the discussion still going on at the Paris Academy of Medicine on empyema, Dr. Roger, physician to the Hôpital des Enfants, had occasion to relate the results of his vast personal experience of empyema in children. Referring especially to the question of thoracentesis, and basing his opinion upon a great number of facts which he related, Dr. Roger thus tersely summed up his conclusions: Operate *always* in cases of *purulent* pleurisy in children; operate *rarely* in cases of abundant serous effusion; *never* operate in cases of slight effusion.

THERAPEUTIC ACTIONS OF MURIATE OF LIME.—Dr. Warburton Begbie (*Edin. Med. Jour.*, July, 1872), in an able memoir read before the Medico-Chirurgical Society of Edinburgh, after alluding to Cazenave's use of this article in lupus, says, "This much I am able to affirm, that its alterative powers in certain cases of cutaneous eruptions intimately connected with syphilis, more especially lupus exedens and non-exedens, and in local psoriasis, also in some instances of ozæna and chronic tonsillitis, have appeared to me quite unmistakable. The dose is from ten to twenty grains in solution."

CARBOLIC ACID FOR INJECTING IN HYDROCELE.—Dr. P. E. Sandidge, of Edmonton, Ky., reports in the *American Practitioner* a case of double hydrocele, operated on by him in 1868, with the usual injection of tincture of iodine. In April, 1871, the trouble having returned, he operated again on the right sac, injecting ƒ℥ij of Calvert's solution No. 5.* In January, 1872, he repeated the procedure on the left side, and thinks he has obtained a perfect cure, no reaccumulation having taken place at the end of six months.

TELEGRAM FROM THE CONVENTION OF GERMAN NATURALISTS AND PHYSICIANS (*Wiener Mediz. Presse*, August 18, 1872).—"Leipsic, 15th August, 1872. In the scientific duel of to-day, between Stricker and Cohnheim, four professors, chosen as umpires, decided in favor of the assertions and correctness of the preparations of the former, while the endeavors on the part of Cohnheim to set aside the methods of investigation and the scientific results connected with the 'Vienna school' were condemned with strong protest."

MISCELLANY.

LIBERALITY AND BIGOTRY IN MEDICINE—CONSULTATIONS WITH HOMŒOPATHS.—The *Pacific Medical and Surgical Journal*, October, 1872, contains the following excellent remarks: "There is a vast amount of humbug current in the world under the name of liberality, as well in medicine as in politics, morals, and religion. Restless mortals, impatient of restraint, and soured by disappointment and personal grievances, declare war against some established code or custom, and denounce all opposition to their revolutionary notions as illiberal and bigoted, and imagine themselves to be doughty champions of progress and reform. In turning over the hotch-potch of periodical literature issued in the name of medicine, one often notes the footprints of these iconoclasts, some of whom have undertaken the task of breaking down the barriers between what they consider as medical sects, and establishing a grand fraternity which shall embrace in one loving circle all parties, creeds, and schools. It is very easy to make a show of charity by pleading for a union of this kind; and it is alike easy to attach the semblance of illiberality to physicians who refuse professional intercourse with those of opposite schools. The enemies of regular medicine have made much capital out of the enforced prohibition of consultations with homœopaths. Under the specious idea of accepting good wherever it may be found, they defend what they are pleased to consider a liberal intercourse with sectaries of all kinds. And there are many persons in the world, very sensible in other respects, who can see nothing but bigotry and intolerance in the refusal of regular physicians to consult with sectaries who proclaim, as the first article of their

* See the number of the *Times* for August 15, p. 436.

faith, that the regular system of medical practice is murder. The popular notion is that the barrier between the regular profession and others is one of jealousy and personal feeling, built up by the profession. The truth is that the barrier is in no wise personal, but is founded on common sense and propriety, and on a proper regard for the welfare of the sick. Is it not worse than mockery to hold a consultation over a sick man with a practitioner who tells me that my treatment is irrational and injurious? What compromise can there be between two systems *directly opposite* to each other? A true homœopath cannot adopt my system, or any portion of it. To do so would prove him to be an arrant hypocrite. There are some who practise either system, according to circumstances. They are as honest as would be a clergyman in preaching to suit his hearers or his pocket, Romanism to Catholics, Socinianism to Unitarians, Buddhism to Burmese. What would be thought of a Catholic Bishop and a Jewish Rabbi being required, in order to illustrate religious toleration, to meet together and join in administering the last rites of religion to a dying man? The most they could say in answer to the request would be, One at a time. And it is just as absurd to call on a regular physician to confer professionally with a homœopath. The refusal implies no personal hostility,—no sentiment incompatible with the second table of the Law. It is but a declaration of consistency and honesty,—a refusal to sacrifice principle to policy,—a refusal to act the hypocrite with another hypocrite over the bed of sickness."

An eccentric character died recently in St. Louis, Missouri, who is described by a correspondent as follows: "There died in this city yesterday, of smallpox, an eccentric old man, named Hotchkiss, generally known as the 'Snapping Doctor,' the 'Rag Doctor,' and the 'Dirty Doctor.' Hotchkiss was an illiterate man, who claimed to have supernatural powers of healing the sick through the agency of animal magnetism, and extraordinary stories of miraculous cures of chronic diseases by him are in circulation among the ignorant people who believed in him. He was a very old man, and claimed to be one hundred and forty years of age, with an expressed determination to live until the second coming of Christ. He was not only a very old, but he was also a very dirty, man. It is said that for twenty years he has not washed himself, and his apartments reek with filth. Dr. Hotchkiss was a queer-looking old fellow. He wore a long gown and a red fez cap. His sharp, haggard features, begrimed with the accumulated dirt of years, his brilliant black eyes, restless with the fires of insanity, and his long, matted, snow-white beard, gave him a weird, unearthly look. His extreme age cannot be doubted, though it is hardly probable that he was 140."

The Pathological Society of Philadelphia.—The annual meeting of this society was held on the 24th ultimo, at which time an election for officers took place, and reports of the officers were made. The number of specimens presented during the past year (over one hundred), as shown by the report of the Secretary, indicated that the work of the society had been maintained, and that the interest in pathological research was unabated. The experience of the past two years has demonstrated fully the wisdom manifested in the organization of the Committee on Morbid Growths.

The work performed by this committee has been of the highest order, and has greatly increased the interest in the society.

Dr. J. H. Hutchinson was re-elected President. Dr. J. Ewing Mears, who has served as one of the Secretaries for three years, resigned, and Dr. D. Murray Cheston was elected to fill his place. Drs. W. F. Norris and Wm. Thomson were compelled by professional engagements to resign from their positions on the Committee on Morbid Growths.

Advice to Medical Witnesses.—Dr. Thad. M. Stevens (*Transactions of Indiana State Medical Society*) gives some good counsel to medical witnesses: "Each witness having a well-digested knowledge of all that is known upon the subject, should upon the main examination give a clear statement of the case, devoid as possible of technicalities, and his opinion with reference thereto from personal observation; or if it be upon a hypothetical case, answer if the hypothesis be clear, but, if it be not, insist upon its being modified or refuse to answer. Never answer a categorical interrogation when it needs interpretation or division into parts. And as to cross-questioning in general, 'do not permit the attorney to force you into answering questions that you are aware cannot be made clear or will mislead.' Such a position is the privilege of the medical witness, and never, until it is recognized, will the subject be upon its right footing."

The managers of the Pennsylvania Hospital, in order to extend its benefits to a large class who, although requiring medical aid for which they cannot afford to pay, do not absolutely need admission into an hospital, and indeed prefer remaining with their families, have determined to open a department for "out-patients," in which those applying will receive the necessary medical service or surgical treatment. With this purpose the managers, at their stated meeting on the 28th of October, elected the following-named physicians and surgeons to take charge of out-patients, viz.:

Physicians, Drs. Morris Longstreth, Jos. G. Richardson, and Joseph J. Kirkbride. Surgeons, Drs. Chas. T. Hunter, Thomas H. Andrews, Elliott Richardson, and H. Earnest Goodman.

This department is now open at the hospital on Eighth Street, below Spruce, daily (Sundays excepted), from 10 to 11 A.M.

A Floating Hospital for Chest-Diseases (*Wien. Med. Presse*, September 1, 1872).—To our numerous land hospitals low down on the sea-coast and high up in the mountains, is to be added now a new institution with very many advantages, but with the single disadvantage of being only for the benefit of the rich. Dr. V.

Wallendorf establishes a hospital for chest-diseases this winter on a screw propeller, which is to journey out late in the fall from Cuxhaven beyond Gibraltar and along the coast to Malta, if the weather is fair, and to return again in the beginning of April. The vessel is to be specially prepared for its purpose, is to have a competent physician on board, and the patients are to be allowed to make land-sorties as long as possible in several stations of mild climate.

DR. BROWN-SÉQUARD having resigned the chair of Comparative and Experimental Physiology in the Parisian Faculty of Medicine, Dr. Vulpian has been appointed in his place.

This makes a vacancy in the chair of Pathological Anatomy, which will probably be filled by the nomination of Dr. Charcot, the well-known physician of La Salpetrière.

The Paris correspondent of the *Lancet* of October 12, who gives the above items, announces the death of Dr. S. Duplay. [We think this must be a mistake; Dr. *J. F.* Duplay's death having been mentioned in some of the French journals. M. Simon Duplay is one of the editors of the *Archives Générales*, and a man whose loss would have been at once and widely noted.—ED. P. M. T.]

MIDWIFERY IN RUSSIA.—It is stated that the Emperor of Russia has just issued a ukase ordering the immediate establishment at St. Petersburg of a school to train midwives, as up to the present time no such institution had existed anywhere in that immense empire. The curious part of the matter, however, is that the direction of this school is placed in the hands of the Minister of War, who, under date of the 10th of August, published the regulations of the institution and the programme of the studies. This anomaly results from the fact that the new school is subordinate to the Academy of Medicine and Surgery at St. Petersburg, which is also under the control of the War Department.

POISONING BY VANILLA.—A physician in Worcester County, Mass. (*Boston Medical and Surgical Journal*, August 1, 1872), in speaking of cases of poisoning by vanilla flavoring, stated that in his own family evident and violent poisoning from a similar cause recently took place. Five members of the family were affected, all of whom had partaken of custard flavored with vanilla, while two who had not eaten escaped. The symptoms were severe diarrhœa, with violent pain in the lower abdomen, without much gastric disturbance.

MEDICAL RANK IN THE NAVY.—The *Naval Register*, recently published, gives the following numbers and rank of the Medical Staff: 15 Medical Directors, with the relative rank of Captain; 15 Medical Directors, with the relative rank of Commander; 50 Surgeons, with the relative rank of Lieutenant-Commander; 25 Passed Assistant Surgeons, with the relative rank of Lieutenant; and 52 Assistant Surgeons, with the relative rank of Master.

Among the "volunteer officers" are 2 Acting Passed Assistant Surgeons and 11 Acting Assistant Surgeons.

THE ACADEMY OF NATURAL SCIENCES.—The corner-stone of the new building for the Academy of Natural Sciences was laid on Wednesday, October 30, at noon, at the southeast corner of Race and Nineteenth Streets. Addresses were made by Dr. W. S. W. Ruschenberger, Prof. J. Aitken Meigs, and Prof. H. C. Wood, Jr. It is proposed to erect at present one wing of the building.

THE following statement is from the New York telegraphic advices of a recent daily paper: "One Dr. Will was found guilty of malpractice yesterday by ignorance in treating a fractured hand so as to cause mortification, and subsequent loss of the hand. Five thousand dollars damages were awarded."

DR. R. ANGUS SMITH says that the air of houses should not contain carbonic acid enough to give a precipitate when a ten-ounce bottleful is shaken with half an ounce of clear lime-water.

THE retirement of Dr. J. M. Foltz, late Chief of Bureau of Medicine and Surgery, U. S. Navy, has placed Dr. J. C. Palmer in that position.

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending Nov. 2, 1872, were 264; of which 138 were of adults, and 126 of minors. Among the causes assigned were:

Consumption of the Lungs	43
Other Diseases of the Respiratory Organs	30
Diseases of the Circulatory Apparatus	16
Diseases of the Brain and Nervous System	34
Diseases of the Digestive Apparatus	15
Zymotic Diseases (2 from Smallpox)	21
Typhoid Fever	7
Cholera Infantum	1
Casualties	7
Intemperance	2
Debility (including "Inanition" and "Marasmus")	28
Still-born	16
Old Age	8
Suicide	1

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM OCTOBER 22, 1872, TO OCTOBER 28, 1872, INCLUSIVE.

HORTON, S. M., ASSISTANT-SURGEON.—Granted leave of absence for eighteen days, to take effect on arrival of Acting-Assistant Surgeon Buffington at Fort McKavett, Texas. S. O. 184, Department of Texas, October 17, 1872.

MONROE, F. LE B., ASSISTANT-SURGEON.—Assigned to duty at Raleigh, N. C. S. O. 224, Department of the South, October 19, 1872.

LAUDERDALE, J. V., ASSISTANT-SURGEON.—Relieved from duty at Fort Wood, New York Harbor, and assigned to duty at Fort Hamilton, New York Harbor. S. O. 201, Department of the East, October 21, 1872.

KING, W. H., ASSISTANT-SURGEON.—Granted leave of absence for thirty days, with permission to apply at Headquarters, Military Division of the Missouri, for an extension of thirty days. S. O. 169, Department of the Missouri, October 19, 1872.

HARVEY, P. F., ASSISTANT-SURGEON.—To report at St. Louis Depot, Mo., to accompany recruits to Texas, and on completion of this duty to join his proper station. S. O. 259, Headquarters of the Army, October 19, 1872.

EWEN, C., ASSISTANT-SURGEON.—Granted leave of absence for four months. S. O. 262, War Department, A. G. O., October 23, 1872.